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PATENT Attorney Docket No. 306288

In re Application of:

Peterson et al.

Application No. 10/791,072

Filed: March 1, 2004

1,200

For: Sleeping Bag with Cinching Mechanism

Group Art Unit: 3673

Examiner: Saldano, Lisa M.

AMENDMENT A

Commissioner for Patents Washington, D.C. 2023]

Sir:

In The Claims

Please amend the following claims as indicated.

01/28/2005 DJONES1 00000005 121216 10791072

01 FC:1202

300.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10791072

CLAIMS AS FILED - PART I (Column 1)						(Column 2)		SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			26					RATE	FEE	7.	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		1	BASIC FEE	 	OR	BASIC FEE		
TOTAL CHARGEABLE CLAIMS			26 minus 20=		. 6			XS 9=		OR	X\$18=	108	
<u> </u>	DEPENDENT C		<u> </u>	2 minus 3 =		d		X43=		OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							. 1	TOTAL		OR	TOTAL,	8W	
<u> , </u>	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 32	Minus	<u>* 2</u>	6	= 6		X\$ 0=		OR	X\$18=	300	
	Independent	ENTATION OF MI	Minus	ENIDENT	SI AMA	=		X43=		OR	X86=		
1,	14,31	STATION OF MIC	DETIPLE DEF	ENDENT	CLAIM		' [+145=		OR	+290=		
•,							_ A	TOTAL DDIT, FEE		OR	TOTAL ADDIT, FEE	3000	
٠		(Column 1)		(Colum		(Column 3)	_ `			,			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**	٠			X\$ 9≈		OR	X\$18=		
	Independent	•	Minus	***		=	lt	X43= ·	·	OR	X86=		
	FIRST PRESE	NTATION OF MU	LIPLE DEP	ENDENT	CLAIM		1	+145=		OR	+290=		
								TOTAL DDIT, FEE		UD E	TOTAL ODIT, FEE		
,	-	(Column 1)		(Colum		(Column 3)				•	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·	
MEN	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FI	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	*		=		X\$ 9=		OR	X\$18=		
	Independent		Minus	***		=	H	X43=			X86=		
PIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													
or if the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE											:		
T	he Highest Num	ber Previously Paid	For (Total or	Independen	nt) is the	highest number	r foun	d in the appr	xod etsirqo	in colu	mn f.		